

NO. OF COPIES RECEIVED
DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL
<input type="checkbox"/> GAS
OPERATOR
PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes OCS 6-104 and OCS
 Effective 1-1-75

I. OPERATOR

Operator Conoco Inc.

Address P.O. Box 460, Hobbs, New Mexico 88240

Reasons for filing (Check appropriate):

New Well Change in Transporter of: Oil Dry Gas Condensate

Recompletion

Change in Ownership

Other (Please explain): Change of corporate name from Continental Oil Company effective July 1, 1979.

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State AC Com Sec. 6 Lease-Monument (GSA) Kind of Lease State, Federal or Fee Lease No. B-1533 1/2

Location

Unit Letter E 1980 Feet From The N Line and 660 Feet From The W

Line of Section 30 Township 19-5 Range 37-E N.M.P.M. Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Texas - New Mexico Pipeline Co. Address (Give address to which approved copy of this form is to be sent) Box 1510 Midland, Texas

Name of Authorized Transporter of Gas or Dry Gas
Warren Petroleum Corporation Address (Give address to which approved copy of this form is to be sent) Box 67 Monument, New Mexico

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge.

Is gas actually connected? When _____

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations <u>DF, RAB, RT, CR, etc.</u>	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations		Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, sack prod.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief

[Signature]
 Division Manager

6/18/79
 (Date)

OIL CONSERVATION COMMISSION

JUL 23 1979

APPROVED _____, 19____

BY [Signature]

TITLE District Supervisor

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

NMOC (5) FILE

RECEIVED

JUN 25 1979

OIL CONSERVATION COMM.
HOBBS, N. M.